•								Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECOIL Effective January 1, 2003									16-676175					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALI TYPE	. EN	ΙΤΙΤΥ —	OR	OTHER SMALL		
TOTAL CLAIMS			154				1	RAT	Ε	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE		375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			15. 4minus 20=		. 34			X\$ 9=			OR	X\$18=	2412	
INDEPENDENT CLAIMS			3 minus 3 =		*			X42=			OR	X84=		
MULTIPLE DEPENDENT CLAIM P			RESENT					+140=			OR	+280=		
* If	the difference	in column 1 is l	less than zero, enter "0" in column 2					TOTAL			OR	TOTAL	3162	
CLAIMS AS AMENDED - PART II								ΔM2		ENTITY	OR	OTHER SMALL		
<u> </u>	(Column 1)			(Colui		(Column 3)	1	SWALL.		ADDI-) 		ADDI-	
AMENDMENT A		REMAINING AFTER		NUM PREVIO PAID	OUSLY	PRESENT EXTRA		RATE		TIONAL		RATE	TIONAL FEE	
	Total ⁻	* 154	Minus	** (4	57	=		X\$ 9)=	1 L.L.	OR	X\$18=	- 1 1-1-1	
	Independent	* 3	Minus	*** *	3	= -		X43	_		OR	X8 9 =		
	FIRST PRESENTATION OF MULTIPLE			DEPENDENT CLAIM				46	-			+2B0=	<u> </u>	
								+140=			TOTAL			
								ADDIT.			OR	ADDIT. FEE		
		(Column 1) CLAIMS			mn 2) HEST	(Column 3)								
MENDMENT B	_	REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA		RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total. ·		Minus	**		= .		X\$ 9)=		OR	X\$18=		
AME	Independent	*	Minus	***		=		X43	_		OR	×8#=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM]	+14	<u></u>		OR	+280=		
						•		TO	TAL		OR	TOTAL		
		40.	•					ADDIT.	FEE		,	ADDIT. FEE		
<u>.</u>	·	(Column 1)	T -		Mn 2) HEST	(Column 3)	1							
AMENDMENT C.		REMAINING AFTER AMENDMENT		. NUM	MBER OUSLY FOR	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
N N	Total	* .	Minus	**		=		X\$ 9)=		OR	X\$18=	·	
AME	Independent	*	Minus	***		<u> </u>	ļ	X42	, =		OR	X8#=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	 		·	1	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	TOTAL	 	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE											OR	ADDIT. FEE		
	The *Highest Nur	nber Previously Pa	id For (Total o	r Indepen	dent) is th	e highest numbe	er fo	ound in th	іе ар	propriate b o	x in c	olumn 1.		

2003-0002-01 USSN 10/676,175

Applicants authorize the Commissioner to charge our Deposit Account No. 03-4060 for the requisite fee of \$1,330.00 for the filing of this petition and do not believe any other fees are due.

Respectfully submitted

William Cray, Reg No. 27,627

August 13, 2004

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